

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-056355

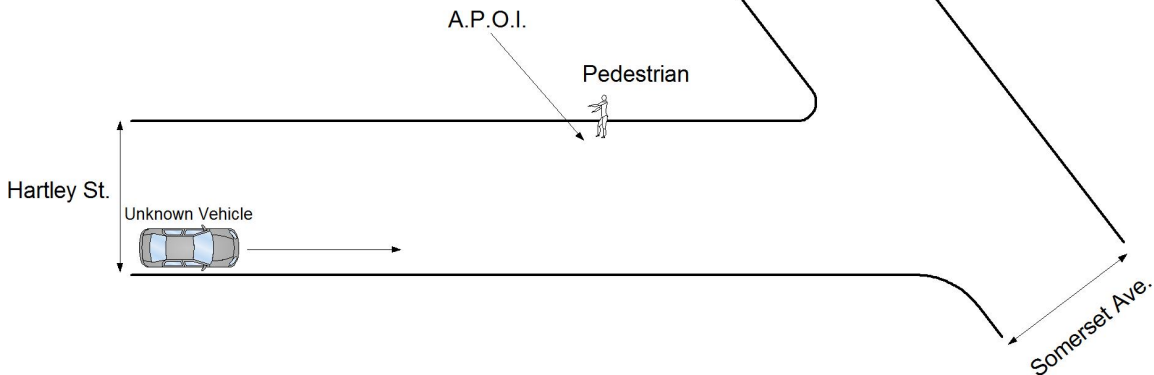


Indicate  
North  
by Arrow



**Not To Scale**

A.P.O.I.  
159' West of West Curb Somerset Ave.  
2' South of North Curb of Hartley St.



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Erik stated he was walking westbound on the north side of Hartley St. from Somerset Ave. Erik did not know any details for the vehicle besides it was eastbound on Hartley St. Erik's mother informed ofcs. he is autistic and bi-polar, and it takes him time to remember any details.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian	
1													Y		Y	Y		
2													N		X	N	N	
1					06 Turning left				POINT OF IMPACT		POINT OF IMPACT		BAC LEVEL					
2					08 Entering traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2		
01 Essentially straight ahead					09 Leaving traffic lane				00 None		02		03		04		5	
02 Backing					10 Parked				09 Top & windows		01		05		1 Neither alcohol nor drugs suspected			
03 Changing lanes					11 Slowing or stopped in traffic				10 Undercarriage		08		07		2 Yes - alcohol suspected			
04 Overtaking/ Passing					12 Other				11 Total (all areas)		06		06		3 Yes - drugs suspected			
05 Turning right					13 Unknown				12 Other						4 Yes - alcohol & drugs suspected			
															5 Unknown			

OFFICER NO. 1735	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Amanda Pfeiffer		INVESTIGATOR SIGNATURE Approved by Amanda Feiffer	DATE OF REPORT 06/26/2015